

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10) 575813

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
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42						
43						
44						
45						
46	1					
47		1				
48						
49						
50						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52		1				
53	1					
54		1				
55	1					
56						
57		1				
58						
59						
60		1				
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62	1					
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95						
96						
97						
98						
99						
100						
TOTAL IND.	6		↓		↓	
TOTAL DEP.	58	←		←		←
TOTAL CLAIMS	64					